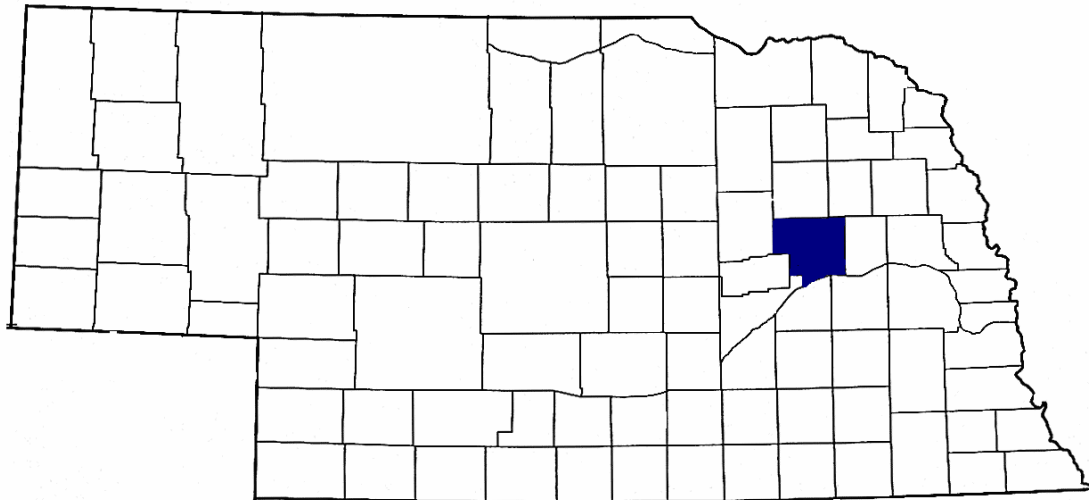


# MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

## FINDINGS FOR PLATTE COUNTY NEBRASKA



MAY 2006

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



# MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

## PLATTE COUNTY, NEBRASKA

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# EXECUTIVE SUMMARY

## A. BACKGROUND

The elimination of health disparities, a key goal of *Nebraska Healthy People 2010*, offers a significant challenge and a unique opportunity to address the unequal burden of disease and death in Nebraska. Health disparities are the result of differential risk factor exposure and unequal access to health services experienced by various racial and ethnic groups, in addition to gaps in income and education. To address this situation, the Nebraska Health and Human Services System (NHHSS) conducts Minority Behavioral Risk Factor Surveillance Surveys (MBRFSS) in counties with emerging concentrations of ethnic minorities. Platte County is one of these counties, as it has a small but rapidly growing minority population. The minority population in the county is 2,536, representing 8% of the total population. In the past decade, the minority population increased dramatically, growing at a rate of 469% compared to a 1% decrease of the white population. Hispanics/Latinos account for 82% of the minority population (U.S. Bureau of the Census, 1990, 2000).

## B. PURPOSE

The main purpose of this report is to summarize findings of the Minority Behavioral Risk Factor Surveillance Survey (MBRFSS) for Platte County. Findings are reported in the following areas:

- a) Lifestyle practices that represent modifiable risk factors such as tobacco, alcohol, physical activity, and weight;
- b) Health conditions such as diabetes, hypertension, and asthma;
- c) Use of preventive health services; and
- d) Access to health care, among other health issues.

The data will assist in identifying areas of health disparities so strategies can be developed to correct them.

## C. METHOD

This report is based on the MBRFSS conducted in Platte County by the Nebraska Health and Human Services System during the summer and fall of 2003. This household survey was based on a convenience sample designed to reflect the demographic characteristics of the areas within Platte County with the highest concentration of minority populations.

A total of 128 interviews were completed, of which 121 were performed by persons who identified themselves as part of minority groups, primarily of Hispanic/Latino origin. For this study, only data on minority respondents ( $n=121$ ) were analyzed. Henceforth, when using the words “respondents” or “survey population” we will only refer to minority respondents ( $n=121$ ). For the majority of the respondents (72.7%), interviews were conducted in Spanish. The Midwest Latino Health Research, Training, and Policy Center at the University of Illinois at Chicago engaged in data entry, analysis, and interpretation of health data collected for Platte County.

## D. SELECTED FINDINGS

### Socio-demographic Characteristics of the Survey Population

- o The majority of the survey respondents were Hispanic/Latino. In general, respondents were young (average age of 35.1 years), employed (62.2%), married or members of an unmarried couple (61.4%), and Spanish-speaking.
- o Most of the people surveyed were employed in low-income jobs.
- o Respondents not born in the United States reported living an average of 10.6 years in the U.S. 33.3% reported living in the U.S. five years or less. Nearly half of the respondents (47.1%) have lived in the U.S. for 11 years or more.
- o The total survey population, on average, had 10.6 years of education. Those 25 years of age and over had slightly lower average levels of formal education (10.2 years).

### Health Status & Use of Health Services

- o Most respondents reported their health status as "excellent/very good" (38.8%) or "good" (40.5%).
- o More than half (60.3%) of the respondents visited a doctor for a routine check up within the past year. 4.1% have never had a routine check up.
- o 32.2% of the respondents visited an eye doctor within the past year.
- o 42.1% of the respondents had visited a dentist within the past year.
- o Almost three-quarters of the female respondents (71.2%) had their blood pressure checked in the past year. Among all respondents, 24.8% have been told by a health professional that they had high blood pressure.

- o Slightly over one-half of the survey population (56.2%) said that they had their blood cholesterol checked.
- o Of those who had their cholesterol checked, 25.4% had been told by a health professional that their blood cholesterol was high.

### Chronic Conditions & Use of Health Services

- o 13.6% of women were told that they had diabetes during their pregnancy.
- o 45% of respondents diagnosed with diabetes in this county admitted to not controlling it.
- o 5.8% of the respondents had been told by a doctor that they had asthma and, of these, 33.3% claimed to still have the condition at the time of the study.

### Women's Health

- o Most women in the study (80.3%) said they had a clinical breast exam at some time in their lives. More than half (53%) said they performed breast self examination every month.
- o Among women of 50 years of age or older, 53.3% had a mammogram. Of those who had a mammogram, 87.5% had it done within the previous year.
- o 84.8% of the women in the study had a Pap smear. Among those who had a Pap smear, 69.6% had this test within the past year.
- o 25.8% of the respondents had been pregnant within the previous five years. All reported prenatal care with their most recent pregnancy, and 82.4% of these women first visited a doctor or nurse during their first trimester.
- o Only two women who had been pregnant in the previous five years said that they smoked during their pregnancy. These women reported quitting or reducing their cigarette smoking during pregnancy because of advice by their family members or as a result of a public awareness campaign.

### Children's Health

- o 64.5% of the respondents reported having children under the age of 18 living in their home for which they were the primary caretakers. The mean number of children at the time of the survey was 1.7
- o Use of child protective car seats was reported by 71.9 % of the respondents who had children under five years of age (or under 40 pounds of weight).

- o 15.4% of the parents reported that someone smoked in the house or in the car when the children were present.
- o A routine dental exam at least once per year for the household children was reported by 67.9% of the respondents.
- o 67.9% of the parents reported that their children had been treated for lead poisoning.
- o Almost all of the respondents who had children (98.2%) reported that their children had received the recommended four Diphtheria-Tetanus-Pertussis (DTP) doses. 96.3% had received three doses of polio vaccine, and 96.4% received one dose of Measles-Mumps-Rubella (MMR) vaccine.

## **Risks Behaviors for Chronic Conditions**

### **Tobacco Use**

- o Of the 121 respondents, 28.9% reported currently using tobacco products.
- o The daily smokers averaged 8.9 cigarettes per day.
- o The onset of use ranged from 12 years to 25 years of age.
- o 42.9% of daily smokers had tried to quit during the past twelve months for one day or longer.

### **Alcohol Consumption**

- o 28.1% of the respondents reported regular alcohol consumption.
- o Among respondents who reported alcohol consumption, the average age at which they started drinking alcohol at least once a week was 15.7 years.
- o Respondents who drank alcohol reported that they had driven 4.1 days during the previous month after having five or more drinks.

### **Physical Activity/Exercise**

- o 58.7% of the respondents said that they regularly participated in physical activity, and 41.3% were inactive.

### **Overweight & Obesity**

- o The mean Body Mass Index (BMI) indicates that the survey respondents, on average, were slightly overweight. The mean BMI was 27.4.
- o Almost half of the survey population (49%) was overweight and 20.5% of the respondents were obese.

### **Seatbelt Use**

- o 42.1% of the respondents said they "always" wore seatbelts when driving or riding in a car or vehicle.

### HIV/AIDS Knowledge

- o Regarding HIV/AIDS and its modes of transmission, 36.4% of the respondents had low knowledge scores.
- o Misunderstandings about this condition prevail. For example, 21.5% of the respondents believed that mosquito bites pose a high risk for contracting HIV/AIDS.

### Access to Health Care

- o Lack of health insurance was one of the most serious problems experienced by respondents in Platte County. Over one-third (37.2%) did not have health insurance at the time of the survey.
- o The majority of those who reported having health insurance obtained it through his/her place of employment (73.7%) or through someone else's employer's health plan (13.2%).
- o 41.9% of the uninsured respondents reported that there was a time within the previous 12 months when they needed to see a doctor, but could not see one because of the cost.
- o 35% of the study population did not have a particular medical doctor or regular source of medical care.

### Community & Workplace Concerns or Problems

- o Community concerns rated "very important/critical" among respondents include employment (52.1%), transportation (50.4%), at risk youth (47%), discrimination (44.9%), and education (37%).
- o Issues of concern in the workplace were inadequate training/supervisors (62.1%), inadequate bathroom/water break (57.6%), no easy access to drinking water (51.5%), poor air quality (48.5%), verbal abuse (37.9%), inadequate medical attention if injured (36.4%), and physical abuse (33.3%).

## **E. CONCLUSIONS & RECOMMENDATIONS**

- o The health of the racial and ethnic minority populations in Platte County varied by gender and by specific health risk factor and/or health condition.
- o Due to financial, linguistic, cultural, and institutional barriers, respondents in the survey generally were not accessing the health care system for the use of preventive services (e.g., physical exam, dental and eye care, etc.), or for the treatment of illnesses or chronic conditions, to the degree recommended.



## Areas of Disparity

### Health Problems & the Use of Health Services

- o 9.1% of the survey population had diabetes, which was a higher rate than the 4%-6% in the overall U.S. population (American Diabetes Association, 2002). Almost half of the persons who were diagnosed with diabetes (45%) were not controlling it. This behavior has serious consequences for the individual and the community. The data indicate that only 66.7% of those who were diagnosed with diabetes had seen a doctor for this condition in the previous 12 months.

### Lifestyle Practices

- o Obesity. 69.5% of the respondents were overweight or obese, based on BMI.
- o Physical Activity. Overweight and obesity is associated with the limited physical activity reported by the population. 41.3% of the respondents reported being inactive.
- o Seatbelt use. The findings indicate that 57.9% of the respondents were not “always” using seatbelts while driving.

### Access to Health Care

- o The number of uninsured respondents was extremely high, representing a serious financial barrier in accessing health services. Of the study population, 37.2% reported not having health insurance. The most reported reason for not having health insurance was having lost the job.
- o In addition to financial barriers, respondents reported a host of cultural, linguistic, and systemic barriers and racism in accessing health services that may also explain the relatively low use of health services.

## **RECOMMENDATIONS**

- o Mass screening programs for the early detection of health problems.
- o Develop partnerships with community based health and human services organizations to implement wellness programs.
- o Reinforce preventive measures that discourage the use of alcohol and tobacco.
- o Increase community knowledge and awareness about the importance of using car seatbelts.
- o The Nebraska Health and Human Services System should work with other government agencies and the private sector to address workplace issues.

# CHAPTER I: INTRODUCTION

## A. BACKGROUND

The County of Platte, like the state of Nebraska<sup>1</sup>, has a small but rapidly growing minority population comprised increasingly by persons of Hispanic/Latino origin. According to the 2000 U.S. Census, the county had a population of 31,662 and was 92% White and 8% minority. Hispanics accounted for 82% of the total 2,536 minority population while African Americans, Asians, and Native Americans accounted for 4%, 5%, and 3%, respectively. Between 1990 and 2000, the county's population increased by 6%, but this was due to the increase of the minority population. While Platte County's White population experienced a 1% decrease, the minority population increased by 469%. (Hispanics increased by 713%, African Americans by 75%, Asians by 78%, and Native Americans by 21%). While little is known about the health condition of the county's minority groups, ongoing demographic changes in the area will continue to pose a challenge to the county's health services. In order for the Nebraska Health and Human Services System (NHHSS) to achieve the established goal for year 2010 set by the U.S. Surgeon General of zero health disparities between minorities and the white non-Hispanic population, there is a need for more and better data on the diverse minority groups.

During the past fifteen years, NHHSS has conducted Behavioral Risk Factor Surveillance Surveys (BRFSS) to assess the health status of the Nebraska population. Due to the relatively small number of minorities in proportion to the total state population, BRFSS has not been useful in assessing the health status of its minority populations (NHHSS, August 2001). As a result, in 1992, NHHSS created the Minority Behavioral Risk Factor Surveillance Survey (MBRFSS). Preliminary survey results documented the inequalities in the health status of racial and ethnic minorities and have led to new community initiatives to improve the health and quality of life of Nebraska's minority population.

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<sup>1</sup> According to the 2000 U.S. Census, the state of Nebraska had a population of 1,711,263 and was 87.3% white and 12.7% minority. Hispanics accounted for 44% of the total 216,769 minority population; and African Americans, Asians, and Native Americans accounted for 31%, 10%, and 6% respectively. Between 1990 and 2000, the state's population increased by 8%. This was due, in part, to the increase of the minority population. While the state's white population increased by 2%, the minority population increased by 83% (Hispanics increased by 155%, African Americans by 19%, Asians by 86%, and Native Americans by 15%).

**Table 1.1: Racial & Ethnic Population Composition in Nebraska & Platte County by Population Count, Percent Distribution, & by Percent Population Growth 1990 - 2000**

Nebraska 2000				Platte County 2000			
	Population*	%	% Growth 1990-2000		Population*	%	% Growth 1990-2000
<b>Total</b>	<b>1,711,263</b>	<b>100%</b>	<b>8%</b>	<b>Total</b>	<b>31,662</b>	<b>100%</b>	<b>6%</b>
Whites	1,494,494	87.3%	2%	Whites	29,126	92.0%	-1%
Non-Whites	216,769	12.7%	83%	Non-Whites	2,536	8.0%	469%
African Americans	67,537	3.9%	19%	African Americans	93	0.3%	75%
Hispanics*	94,425	5.5%	155%	Hispanics*	2,072	6.5%	713%
Native Americans/ Eskimos	13,460	0.8%	15%	Native Americans/ Eskimos	74	0.2%	21%
Asians**	22,324	1.3%	86%	Asians**	132	0.4%	78%
Other***	19,023	1.1%	NA	Other***	165	0.5%	NA

Source: U.S. Census, 1990, 2000. SSDAN, MEDTEP.

\* Totals for all racial groups exclude Hispanics. Hispanics may be of any race.

\*\* Asians include: Hawaiian and Pacific Islander.

\*\*\* Others include: Other Races (1990 and 2000), plus Two or More Races (2000)

**Table 1.2: Platte County Minority Population, 2000**

	Nebraska	Platte County
<b>Non-white, Total</b>	<b>216,769</b>	<b>2,536</b>
<b>Percent</b>	<b>100%</b>	<b>100%</b>
African Americans	31%	4%
Hispanics *	44%	82%
Native Americans/ Eskimos	6%	3%
Asians **	10%	5%
Other ***	9%	7%

Source: U.S. Census, 2000. SSDAN, MEDTEP.

\* Totals for all racial groups exclude Hispanics. Hispanics may be of any race.

\*\* Asians include: Hawaiian and Pacific Islander.

\*\*\* Others include: Other Races and Two or More Races

**Table 1.3: Platte County Hispanic/Latino Population, 2000**

	Nebraska	Platte County
<b>Hispanic, Total</b>	<b>94,425</b>	<b>2,072</b>
<b>Percent</b>	<b>100%</b>	<b>100%</b>
Mexican /Mexican American	75.2%	71.9%
Puerto Rican	2.1%	1.3%
Cuban	0.9%	0.3%
Other Hispanics	21.8%	26.4%

Source: U.S. Census, 2000

NHHSS, in partnership with the Nebraska Minority Public Health Association and other key leaders, have produced reports summarizing findings related to MBRFSS based on surveys conducted in selected counties. In April 2001, NHHSS prepared a summary report, *Health Status of Racial and Ethnic Minorities in Nebraska*, as well as a series of fact sheets in 2003 on specific health conditions (e.g., heart disease) confronting racial and ethnic minorities. These reports have brought to public attention the health status of racial and ethnic minorities, and the sense of urgency that exists to addressing their needs.

This report for Platte County is one of seven new MBRFSS reports that have been prepared based on data collected in selected Nebraska counties during 2002-2003.

## B. PURPOSE OF THE REPORT

The purpose of this report is to summarize selected findings of the MBRFSS conducted in Platte County, Nebraska in 2003. This report will summarize selected socio-demographic characteristics of the minority population, primarily Hispanic, in this target geographic area based on a convenience sample, and will provide findings on:

- o Health status indicators,
- o Preventive health practices,
- o Prevalence of chronic conditions,
- o Women's health,
- o Children's health,
- o Personal health habits or lifestyle practices,
- o Access and use of health services, and
- o Community concerns.

The ultimate goal of this report is to document specific areas of health disparities. To develop and implement the necessary strategies, based on best practices, requires correcting them via a partnership between the public and private sectors, not only in the area of health and human services; but with the active participation of the business, housing, employment, education, and transportation sectors.

## CHAPTER II: METHODOLOGY

The Midwest Latino Health, Research, Training, and Policy Center at the University of Illinois at Chicago, under contract agreement with NHHSS, conducted the Nebraska Minority Behavioral Risk Factor Surveillance Survey in seven counties, including Platte County; and engaged in data collection, analysis, and interpretation. This chapter briefly describes the survey design, the process followed in accessing the community, sampling and data collection, and the limitations of the survey.

### A. SURVEY DESIGN

The survey questionnaire was developed by NDHHS building upon other instruments, specifically those from the Behavioral Risk Factor Surveillance Survey System of the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services. The survey included questions on the following topics:

- o Seatbelt use
- o Exercise
- o Tobacco use
- o Alcohol consumption
- o Women's health
- o Children's issues (e.g., safety seat use)
- o HIV/AIDS knowledge
- o Preventive health practices
- o Health conditions (diabetes, arthritis, asthma)
- o Health care communications
- o Types of practitioners utilized
- o Health care coverage
- o Barriers to health care
- o Community concerns
- o Demographics

This version of the survey has been used for several years in the State of Nebraska for the general population and racial and ethnic minorities in selected counties.

### B. COMMUNITY ENTRY

Contacts were made with community agencies to explain the purpose of the survey of the MBRFSS and to obtain their support and participation. Community interviewers, individuals who were familiar with the Hispanic/Latino community and who are well trusted in the community, were recruited and trained. Face-to-face interviews were conducted during the summer of 2003.

## C. ELIGIBILITY

Non-institutionalized persons 18 years and older were eligible to participate in the survey. The survey targeted persons who self-identified as Hispanic/Latino. Respondents were not paid for participating.

## D. SAMPLING

The survey used a stratified convenience field sample designed to reflect the demographic characteristics of the areas within Platte County with the highest concentration of racial and ethnic minorities. Convenience sampling was chosen because these minority populations live primarily in small, urbanized areas through the county. Face-to-face interviews were conducted. Respondents were stratified by town-city, with quotas by gender and age group, based on Census 2000 data for that county or urbanized area.

## E. RECRUITMENT & SELECTION OF RESPONDENTS

Subjects were recruited using multiple methods.

- 1) Congregate points or events were used such as churches, grocery stores, community service organizations, health fairs, community festivals, and sport clubs. Once a person was contacted, they were interviewed onsite (if there was time and privacy) or by appointment at a safe location.
- 2) Door-to door canvassing was used to identify subjects in areas with small clusters of population.

Every individual or household that was contacted was also screened. Once an eligible person was identified, their cooperation was solicited. First, the interviewer introduced him or herself and explained the purpose of the survey and its usefulness. Second, they determined the eligibility of the person based on the quota. When approaching a household, an interviewer may have found more than one person who met the eligibility criteria. The person who most recently celebrated a birthday was selected. Once eligibility was determined, consent to participate in the study was secured. The interviewer read the *Consent to Participate in an Interview* form in the preferred language and had the respondent sign it. The interviewer countersigned the form and began the interview.

## F. DATA COLLECTION

Local bilingual interviewers were recruited and trained by a team from the University of Illinois at Chicago Midwest Latino Health Research, Training, and Policy Center on the purpose of the survey, the sampling procedure to be followed, and on the content of the questionnaire. A local field coordinator supervised and

monitored the quality of data collection and arranged to pick up surveys regularly. A total of 228 interviews were completed in Platte County, of which 121 represent persons of diverse racial and ethnic minority groups, primarily of Hispanic/Latino origin. For this study, only data on minority respondents ( $n=121$ ) were analyzed. For the majority of the respondents (72.7%), interviews were conducted in Spanish.

## G. DATA ANALYSIS

The *Statistical Package for Social Sciences* (SPSS) was used for the development of the database and for data analysis. Frequency distributions were used for data cleaning, and cross-tabulations were conducted for data analysis and used for descriptive purposes.

## H. STUDY LIMITATIONS

Limitations may include, but are not limited to; data interviewer errors, survey errors, and the use of convenience sampling. The data collection targeted only Hispanics/Latinos living in Platte County. Therefore, findings cannot be generalized to all residents of Platte County. The data collected is based on a quota-based convenience sample; therefore, the certainty of the findings, and the level of extrapolation that can be made based on such findings is more limited than if the survey had been conducted using a probability sampling design. Furthermore, MBRFSS contained some questions translated into Spanish that may have different meanings than those intended in the original questions.

## CHAPTER III: SELECTED FINDINGS FROM THE PLATTE COUNTY MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

This chapter provides selected results of the MBRFSS for Platte County. It includes:

- a) The respondent's demographic characteristics;
- b) Health status, including chronic conditions and use of preventive health services;
- c) Women's health;
- d) Children's health;
- e) Behavioral risk factors;
- f) HIV/AIDS knowledge;
- g) Access to health care;
- h) Community concerns;
- i) Workplace concerns.

Most of the findings were analyzed and presented in tables by gender.

### A. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

121 complete surveys were analyzed for Platte County.

#### 1) Gender & Age

- o 55.4% of survey respondents were female.
- o Respondents' mean age was 35.1 years, and 81.6% of the survey population was under the age of 44.

#### 2) Race

- o With respect to self-perceived race, 44.6% classified themselves in the "other" category, 22.3% identified themselves as "white," 14.9% considered themselves "multiracial," and another 14% didn't know their race.

#### 3) Residence in the United States

- o Respondents not born in the U.S. reported living a mean of 10.6 years in the United States. One-third reported living in the U.S. five years or less, and 47.1% have lived in the U.S. for more than 11 years.



#### **4) Percent Who Answered the Survey in Spanish**

- o Most of the respondents (72.7%) answered their survey in Spanish. This is related to the fact that the survey population was mostly Hispanic/Latino (97.5%).

#### **5) Hispanic/Latino National Origin**

- o The predominant Hispanic ethnic group was Mexican (55.9%), followed by Salvadorians (16.1%), Puerto Ricans (6.8%), Guatemalans (3.4%), and Cubans (0.8%).
- o 16.9% either reported a different Hispanic/Latino national origin, or did not specify one.

#### **6) Marital Status**

- o 61.4% of the respondents were married or members of an unmarried couple.
- o 29.4% were single at the time of the survey. They were either divorced (5.9%), widowed (1.7%), or never married (21.8%).

#### **7) Educational Attainment**

- o The survey population had 10.6 years of education, on average.
- o 25.6% of respondents had less than an 8th grade education.
- o Over one-fourth of the respondents (27.4%) reported high school completion or its equivalent.
- o 9.4% had a college degree.

#### **8) Employment**

- o The majority (62.2%) of the respondents reported being employed.
- o Of the 37.8% of respondents who were not employed, 57.1% were homemakers, 11.4% were students, and 31.4% were unable to work.
- o 60% of the unemployed reported actively seeking employment.
- o 62.9% had been unemployed for 12 months or fewer. 12.9% reported being unemployed for less than one month, 30.8% reported being unemployed between one and six months, and 19.2% had been unemployed between seven months to a year.

#### **9) Household Composition**

- o 64.5% of all the respondents said that they had children at home for whom they were responsible.
- o 26% of the households with children of 18 years of age or under were headed by a single parent.

**Table 3.1: Platte County Socio-Demographic and Economic Characteristics, 2003**

	<u>55</u>	<u>66</u>	<u>121</u>				
	Male	Female	Total		Male	Female	Total
<b>Source of regular Care (%)</b>	<b>55</b>	<b>66</b>	<b>121</b>	(If Has been sick/ill in the past 12 months = Yes)			
Doctor's Office	84.3	68.3	75.7	<b>Source of care (%)</b>	<b>35</b>	<b>46</b>	<b>81</b>
Hospital Emergency room	0.0	5.0	2.7	(Multiple Response)			
Health Department or community clinic	5.9	25.0	16.2	Folk Healer/Medicine Man	14.3	15.2	14.8
Indian Health Service	0.0	0.0	0.0	Psychic/Spiritualist	8.6	8.7	8.6
Company Clinic	5.9	0.0	2.7	Medical Doctor	91.4	82.6	86.4
Have not been to a doctor	0.0	0.0	0.0	Chiropractor	25.7	13.0	18.5
Other	0.0	0.0	0.0	Pharmacist (non prescription)	17.1	6.5	11.1
				Hospital Emergency Room	17.1	19.6	18.5
<b>Believe race or ethnicity is a barrier to receiving health services in your community (%)</b>	<b>55</b>	<b>66</b>	<b>121</b>	Counselor	5.7	8.7	7.4
Strongly agree	29.1	19.7	24.0	Family/Friend/Neighbor	17.1	21.7	19.8
Agree	50.9	39.4	44.6	Nurse/Nurse Practitioner	17.1	19.6	18.5
Disagree	12.7	24.2	19.0	Church or Temple	8.6	19.6	14.8
Strongly Disagree	3.6	4.5	4.1	Community Center	5.7	19.6	13.6
Don't know/Not sure	1.8	9.1	5.8	<b>Which one do you typically go first (%)</b>	<b>33</b>	<b>44</b>	<b>77</b>
<b>Problems getting Health Care (%)</b>	<b>40</b>	<b>52</b>	<b>92</b>	(Unit Selection)			
(Multiple Response)				Folk Healer/Medicine Man	0.0	2.3	1.3
It costs too much / can't afford it	47.5	50.0	48.9	Psychic/Spiritualist	3.0	4.5	3.9
Don't trust or like doctors	27.5	25.0	26.1	Medical Doctor	84.8	59.1	70.1
Provider does not speak your language	67.5	44.2	54.3	Chiropractor	0.0	0.0	0.0
Treated differently because of your race	45.0	44.2	44.6	Pharmacist (non prescription)	3.0	2.3	2.6
Don't know where to go for help	22.5	25.0	23.9	Hospital Emergency Room	3.0	4.5	3.9
Don't have transportation	50.0	28.8	38.0	Counselor	0.0	2.3	1.3
Office hours are inconvenient	57.5	50.0	53.3	Family/Friend/Neighbor	3.0	9.1	6.5
Long wait time at Doctor's office	57.5	53.8	55.4	Nurse/Nurse Practitioner	0.0	4.5	2.6
Provider doesn't understand your cultural practices	45.0	30.8	37.0	Church or Temple	0.0	4.5	2.6
Takes too long to get appointment	45.0	38.5	39.1	Community Center	3.0	6.8	5.2
				Other	0.0	0.0	0.0
<b>Has been sick or ill during the past 12 months (%)</b>	<b>55</b>	<b>66</b>	<b>121</b>	No Answer	0.0	0.0	0.0
Yes	63.6	69.7	66.9				
No	36.4	30.3	33.1				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

## 10) Annual Income

The average annual household income (from all sources before taxes) was as follows:

- o 12.7% of the respondents said they earned less than \$10,000.
- o 45.1% reported earning between \$10,000 and \$24,999.
- o 31.4% earned between \$25,000 and \$39,000.
- o 10.8% earned more than \$40,000. A greater proportion of women (13.7%) than men (7.8%) belonged to this annual income bracket.

**Table 3.2: Platte County Demographic and Economic Characteristics, 2003**

	<u>55</u>	<u>66</u>	<u>121</u>				
	Male	Female	Total		Male	Female	Total
<b><u>Employed (%)</u></b>							
Yes	70.4	55.4	62.2	<b><u>Household with children &lt; 18</u></b>	<u>33</u>	<u>45</u>	<u>78</u>
No	29.6	44.6	37.8	% of Total	60.0	68.2	64.5
<i>(If No)</i>				...by marital status (%)	<u>33</u>	<u>44</u>	<u>77</u>
<b><u>Reasons for unemployment (%)</u></b>	<u>10</u>	<u>25</u>	<u>35</u>	Married	60.6	68.2	64.9
Homemaker	10.0	76.0	57.1	Divorced	6.1	4.5	5.2
Student	20.0	8.0	11.4	Widowed	0.0	0.0	0.0
Unable to work	70.0	16.0	31.4	Separated	9.1	13.6	11.7
Retired	0.0	0.0	0.0	Single	9.1	9.1	9.1
				Unmarried couple	15.2	4.5	9.1
<b><u>Seeking employment (%)</u></b>	<u>9</u>	<u>26</u>	<u>35</u>		<u>16</u>	<u>29</u>	<u>45</u>
Yes	66.7	57.7	60.0	<b><u>Mean Annual Income</u></b>	23,333	25,294	24,314
No	33.3	42.3	40.0				
<b><u>Length of time unemployed (%)</u></b>	<u>10</u>	<u>15</u>	<u>25</u>	<b><u>Annual household income (%)</u></b>			
Less than 1 month	36.4	6.7	12.9	Less than \$10,000	13.7	11.8	12.7
1 to 3 months	45.5	6.7	23.1	\$10,000 - \$24,999	45.1	45.1	45.1
4 to 6 months	9.1	6.7	7.7	\$25,000 - \$39,999	33.3	29.4	31.4
7 months to 1 year	0.0	33.3	19.2	\$40,000 or more	7.8	13.7	10.8
More than 1 year	0.0	46.7	26.9				
Refused	9.1	0.0	3.8				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

## B. HEALTH STATUS & USE OF PREVENTIVE HEALTH SERVICES

Regular annual preventive care is considered essential for the early detection and treatment of chronic diseases. The MBRFSS included a number of questions related to preventive health services. They included perceived health status, percentage and frequency of preventive routine physical examinations, percentage and frequency of eye and dental examinations, blood pressure and cholesterol screening, and use of services. The findings on these health status indicators are described below.

### 1) Perceived Health Status

Generally, self-reported health status is a strong indicator of a person's health status. Results reflect age and the presence or absence of chronic diseases and disability. Taken together, self-reported health status reflects the well-being of the community.

- o Most respondents reported their health status as "excellent/very good" (38.8%) or "good" (40.5%).
- o Close to one-fifth (19.9%) of the survey population rated their health as "fair/poor."

## 2) Routine Check Up

- o 60.3% of the respondents had visited a doctor for a routine check up within the previous year, including 69.7% of females and 49.1% of males.
- o 4.1% (5.5% for men and 3% for women) had never had a routine check up.

## 3) Eye Care

- o Almost one-third (32.2%) of the respondents had visited an eye doctor within the past year.
- o A slightly larger proportion of men (25.5%) than women (22.7%) had never visited an eye doctor.

**Table 3.3: Platte County Health Status & Use of Health Services, 2003**

	<u>55</u> Male	<u>66</u> Female	<u>121</u> Total		Male	Female	Total
<b>Self-Reported Health Status (%)</b>				<b>HYPERTENSION/HIGH BLOOD PRESSURE</b>			
Excellent/Very Good	36.3	41.0	38.8	<b>Last time checked for High Blood Pressure (%)</b>	<u>55</u>	<u>66</u>	<u>121</u>
Good	47.3	34.8	40.5	Less than 1 year (0 to 12 months)	54.5	71.2	63.6
Fair/Poor	16.3	22.7	19.9	1-2 years (13 to 24 months)	27.3	19.7	23.1
				2+ years (25+ months)	5.4	1.5	3.4
				Never	5.5	3.0	4.1
<b>Time since last visit to Medical Doctor for a routine checkup (%)</b>				<b>Ever told had High Blood Pressure (%)</b>	<u>55</u>	<u>66</u>	<u>121</u>
Less than 1 year (0 to 12 months)	49.1	69.7	60.3	Yes	17.9	30.4	24.8
1-2 years (13 to 24 months)	23.6	18.2	20.7	No	76.8	65.2	70.4
2+ years (25+ months)	21.8	7.5	14.0				
Never	5.5	3.0	4.1	(If Yes)			
<b>Time since last visit to Eye Doctor (%)</b>				<b>Number of times was told Blood Pressure was high (%)</b>	<u>10</u>	<u>18</u>	<u>28</u>
Less than 1 year (0 to 12 months)	25.5	37.9	32.2	Only Once	40.0	50.0	46.4
1-2 years (13 to 24 months)	14.5	16.7	15.7	More than once	40.0	44.4	42.9
2+ years (25+ months)	34.5	22.7	28.1				
Never	25.5	22.7	24.1	<b>Controlling High Blood Pressure (%)</b>	<u>4</u>	<u>14</u>	<u>18</u>
<b>Time since last visit to the Dentist (%)</b>				Yes	50.0	57.1	55.6
Less than 1 year (0 to 12 months)	40.0	43.9	42.1	No	50.0	42.9	44.4
1-2 years (13 to 24 months)	25.5	22.7	24.0	(If Yes)			
2+ years (25+ months)	23.7	18.1	20.7	<b>Controlling with (%)</b>	<u>2</u>	<u>8</u>	<u>10</u>
Never	1.8	3.0	2.5	(Multiple Responses Allowed)			
<b>Number of permanent teeth have been removed due decay or gum disease (%)</b>				Medication	100.0	87.5	90.0
1 to 5	<u>49</u>	<u>59</u>	<u>108</u>	Exercise	0.0	0.0	0.0
6 or more but not all	51.0	39.0	44.4	Diet	0.0	12.5	10.0
All 32	2.0	13.6	8.3	Other	0.0	0.0	0.0
None (teeth not removed by dentist)	2.0	5.1	3.7				
Don't Know/Refused	44.9	39.0	41.7				
	0.0	3.4	1.8				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

#### 4) Dental Care

- o 42.1% of the respondents had seen a dentist within the previous year, and 24% had done so 13 to 24 months previously, and 2.5% had never visited a dentist.
- o 44.4% of the respondents had between one and five permanent teeth removed because of tooth decay or gum disease.
- o 8.3% of the respondents had six or more teeth (but not all) removed.

**Table 3.4: Platte County Preventive Health Practices, 2003**

	<u>55</u> Male	<u>66</u> Female	<u>121</u> Total			
BLOOD CHOLESTEROL				DIABETES		
<u>Has ever checked for Blood Cholesterol (%)</u>				<u>Ever told had diabetes or high blood sugar by health provider (%)</u>	<u>55</u>	<u>66</u>
Yes	50.9	60.6	56.2	Yes	9.1	9.1
No	40.0	36.4	38.0	Yes (female, only during pregnancy)	--	13.6
(If Yes)				No	89.1	75.8
<u>Last time checked for Blood Cholesterol (%)</u>	<u>27</u>	<u>40</u>	<u>67</u>	(If Yes or Yes during pregnancy)	<u>5</u>	<u>15</u>
Less than 1 year (0 to 12 months)	66.7	70.0	68.7	Not controlling diabetes (%)	20.0	53.3
1-2 years (13 to 24 months)	33.3	25.0	28.4	<u>Controlling with (%)</u>	<u>3</u>	<u>2</u>
2+ years (25+ months)	0.0	5.0	3.0	(Multiple Responses Allowed)		
<u>Told had High Blood Cholesterol by health professional (%)</u>	<u>27</u>	<u>40</u>	<u>67</u>	Insulin	0.0	0.0
Yes	29.6	22.5	25.4	Oral medications	33.3	0.0
No	70.4	77.5	74.6	Exercise	0.0	100.0
				Diet	66.7	0.0
				Other	0.0	0.0
SORE JOINTS				<u>Last time saw a Doctor for diabetes (%)</u>	<u>3</u>	<u>3</u>
<u>Has had pain or swelling in joint during last year (%)</u>	<u>55</u>	<u>66</u>	<u>121</u>	Less than 1 year (0 to 12 months)	66.7	66.7
Yes	16.4	27.3	22.3	1-2 years (13 to 24 months)	0.0	0.0
No	80.0	66.7	72.7	2+ years (25+ months)	33.3	33.3
(If Yes)				Never		
<u>Joint pain persisted for 15 days or more (%)</u>	<u>9</u>	<u>16</u>	<u>25</u>			
Yes	77.8	56.3	64.0	ASTHMA		
No	22.2	43.8	36.0	<u>Ever told has asthma (%)</u>	<u>55</u>	<u>66</u>
				Yes	5.5	6.1
				No	94.5	93.9
				(If Yes)		
				<u>Still has asthma (%)</u>	<u>3</u>	<u>3</u>
				Yes	33.3	33.3
				No	66.7	66.7

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

#### 5) Blood Pressure Screening & Use of Services

Hypertension (high blood pressure) is a risk factor associated with heart disease, stroke, kidney disease, and diabetes.

- o 63.6% of the respondents had their blood pressure checked by a doctor, nurse, or other health professional within the previous year.
- o 23.1% reported that they had their blood pressure checked 13 to 24 months ago.
- o 24.8% of the respondents had been told by a health professional that they had high blood pressure.
- o Of those told they had high blood pressure ( $n=28$ ), 46.4% had been told only once that their blood pressure was high, and 42.9% had been told so more than once.
- o Among the respondents who controlled their high blood pressure ( $n=10$ ) the methods most often used were medication (90%) and diet (10%).
- o 44.4% of the respondents with high blood pressure said they were not doing anything to control it.

## **6) Blood Cholesterol Screening & Use of Services**

High blood cholesterol is a risk factor for heart disease, stroke, and other circulatory problems.

- o Slightly over one-half of the survey population (56.2%) said they had their blood cholesterol checked.
- o Of those who had their blood cholesterol checked, more than two-thirds (68.7%) had it checked in the previous year, and another 28.4% had it checked 13 to 24 months ago.
- o 25.4% of those who had their cholesterol checked had been told by a health professional that their blood cholesterol was high.

## **C. CHRONIC CONDITIONS & USE OF HEALTH SERVICES**

This section reports findings on the prevalence of three common chronic and disabling conditions: joint pain, diabetes, and asthma.

### **1) Joint Pain**

Arthritis is a chronic condition, characterized by pain, aching, and stiffness or swelling in or around a joint.

- o 22.3% of the total survey respondents indicated that they had joint pain the previous year, and 64% of those reported the symptoms being present for 15 or more consecutive days.

### **2) Diabetes**

Diabetes is a chronic condition characterized by high levels of blood sugar. Gestational diabetes is the result of hormonal changes during pregnancy. It generally disappears after pregnancy, but can result in the development of diabetes within 5 to 10 years if diabetes risk factors are not reduced. Diabetes affects most organs and the circulatory system; resulting in complications to the heart, retinas, kidneys, feet, and skin (CDC, 2003). This survey assessed diabetes prevalence and self-management.

- o 9.1% of the survey population had been told by a doctor they had diabetes or high blood sugar.
- o Of the female population ( $n=66$ ), nine of them (13.6%) were told that they had diabetes during their pregnancy.
- o Among those who controlled their diabetes ( $n=5$ ), the methods for controlling it were oral medication (20%), a special diet (40%), or physical activity/exercise (40%).
- o Almost half of the persons who were diagnosed with diabetes (45%) were not controlling it.
- o Of the respondents diagnosed with diabetes ( $n=6$ ), 66.7% indicated that they had one check up within the previous year.

### 3) Asthma

Asthma is a chronic respiratory disorder which tends to develop in childhood.

- o 5.8% of the respondents had been told by a doctor that they have asthma, and of these, 33.3% claimed to still have it at the time of the survey.

## **D. WOMEN'S HEALTH**

This section summarizes the findings corresponding to women's health practices. They include clinical breast examination, use of mammography, Pap smears, pregnancy status, and smoking during pregnancy.

### 1) Breast Examination

- o Of the 66 female respondents, 80.3% reported having had a clinical breast exam, and 16.7% said that they had not had one.
- o Of those who had a clinical breast exam ( $n=53$ ), 71.7% had one within the previous year, 22.6% 13 to 24 months previously, and 5.7% more than two years previous.
- o 53% said that they practiced breast self examination every month.

### 2) Mammograms

- o Among women 50 years of age or older ( $n=15$ ), 53.3% had a mammogram.
- o Of those who had a mammogram, 87.5% had it done within the past year.

### 3) Pap Smear

Pap smears are used for the early detection of cervical cancer, for which Hispanic/Latino women have higher rates and poorer outcomes compared to other racial and ethnic groups (American Cancer Society, 2003).

- o 84.8% had a Pap smear.

- o Among those respondents who had a Pap smear, 69.6% had it performed within the past year.
- o 92.9% of the respondents who had a Pap smear had it done as part of a routine exam, and 7.1% had the test done to check for a problem.

**Table 3.5: Platte County Women's Health 2003**

<b>66</b>			
<b>Has ever had a clinical breast exam (%)</b>	<b>66</b>	<i>(If Had a Pap Smear = Yes)</i>	
Yes	80.3	<b>Last time had Pap smear (%)</b>	<b>56</b>
No	16.7	Less than 1 year (0 to 12 months)	69.6
		1-2 years (13 to 24 months)	19.6
		2+ years (25+ months)	10.7
<i>(If Yes)</i>			
<b>Last time had clinical breast exam (%)</b>	<b>53</b>	<b>Reason for Pap smear (%)</b>	<b>56</b>
Less than 1 year (0 to 12 months)	71.7	Routine exam	92.9
1-2 years (13 to 24 months)	22.6	Check problem	7.1
2+ years (25+ months)	5.7	Other	0.0
<b>Engages in breast self examination (%)</b>	<b>66</b>		
Yes	53.0	<b>Last Pap smear in the past year (%)</b>	<b>39</b>
No	43.9	for women 45y. or less	29.0
		for women 46y. or more	10.0
<b>Has ever had a mammogram (age &gt;=50) (%)</b>	<b>15</b>		
Yes	53.3	<b>Last Pap smear in the past 2+ years (%)</b>	<b>11</b>
No	40.0	for women 45y. or less	9.0
		for women 46y. or more	2.0
<i>(If Yes)</i>			
<b>Last time had mammogram (%)</b>	<b>8</b>	<b>Has been pregnant in the past 5 years (%)</b>	<b>66</b>
Less than 1 year (0 to 12 months)	87.5	Yes	25.8
1-2 years (13 to 24 months)	0.0	Yes, currently pregnant	0.0
2+ years (25+ months)	12.5	No	74.2
<b>Reason for the mammogram (%)</b>	<b>8</b>		
Routine Checkup	100.0	<i>(If Yes or Yes, currently pregnant)</i>	
Breast problem other than cancer	0.0	<b>First visit to Doctor during pregnancy (%)</b>	<b>17</b>
Had breast cancer	0.0	Before the 3rd month	82.4
		3rd month	5.9
		4th month	0.0
		5th month	11.8
<b>Has ever had a Pap smear (%)</b>	<b>66</b>	6th month	0.0
Yes	84.8	7th month	0.0
No	13.6		
		<b>Smoked during pregnancy (%)</b>	<b>17</b>
		Yes	11.8
		No, I wasn't a smoker	82.4
		No, I quit because of my pregnancy	5.9

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

#### **4) Pregnancy**

Hispanic/Latino women are characterized as having high fertility rates. In Nebraska, Hispanics/Latinos accounted for almost 10% of births, but represent only about 4% of the female population (NHHSS, 2001). The findings regarding pregnancy-related issues are as follows:

- o About one-fourth (25.8%) of the respondents had been pregnant within the previous five years.



- o With their most recent pregnancy, 82.4% of these women first visited a doctor or nurse during their first trimester.
- o Only two women (11.8%) who had been pregnant in the previous five years said they had smoked during their pregnancy. These women reported quitting or reducing their cigarette smoking during pregnancy because of advice by their family members or as a result of a public awareness campaign.

## **E. CHILDREN'S HEALTH**

### **1) Age Distribution of Children in Households**

- o Almost two-thirds (64.5%) of the respondents reported having children under the age of 18 living in their home for which they were the primary caretakers. The mean number of children per household at the time of the survey was 1.7.
- o 11.5% of the households had at least one child with less than one year of age.
- o 33.3% reported having at least one child between one and four years of age.
- o 60.3% of the households had at least one child between five and nine years of age.
- o 37.2% had at least one child between 10 and 12 years of age.
- o 15.4% had at least one child between 13 and 15 years of age.
- o 15.4% had at least one child between 16 and 17 years of age.

### **2) Protective Car Seats**

For injury prevention in motor vehicle crashes, Nebraska law requires the use of protective car seats for children. In Platte County:

- o 71.9% of respondents reported “always” using child-protective car seats for their children under five years old (or under 40 pounds of weight).
- o A greater percentage of women (85.7%) than men (61.1%) in the survey reported using child protective car seats for their children.

### **3) Exposure to Environmental Tobacco Smoke**

- o 15.4% of the parents reported that someone smoked in the house or in the car when the children were present. A larger proportion of males (21.2%) reported this behavior than females (11.1%).
- o 5.1% of respondents smoked, but not around the children.
- o 78.2% said that no smoking occurred around the children. A larger percentage of females (82.2%) than males (72.7%) reported not smoking around children.

**Table 3.6: Platte County Children's Health, 2003**

	<u>55</u> Male	<u>66</u> Female	<u>121</u> Total		Male	Female	Total
<b><u>Has children with less than 18 years of age (%)</u></b>	<b>55</b>	<b>66</b>	<b>121</b>	(If Has Children <18 = Yes)			
Yes	60.0	68.2	64.5	<b><u>Has children with asthma (%)</u></b>	<b>33</b>	<b>45</b>	<b>76</b>
No	40.0	31.8	35.5	Yes	9.1	11.1	10.3
(If Yes)	<b>33</b>	<b>45</b>	<b>78</b>	<b><u>Your children visit the dentist once per year (%)</u></b>	<b>33</b>	<b>45</b>	<b>73</b>
<b><u>Mean Number of children</u></b>	1.9	1.6	1.7	Yes	72.7	64.4	67.9
<b><u>Age groups (%)</u></b>				<b><u>Had your children ever treated for lead poisoning (%)</u></b>	<b>33</b>	<b>45</b>	<b>73</b>
Under 1 year of age	18.2	6.7	11.5	Yes	72.7	64.4	67.9
1 to 4 years of age	33.3	33.3	33.3	<b><u>Complete vaccinations for your child (&gt; 2yrs) (%)</u></b>	<b>33</b>	<b>45</b>	<b>73</b>
5 to 9 years of age	63.5	57.8	60.3	Four DTP shots	100.0	96.8	98.2
10 to 12 years of age	42.4	33.3	37.2	Three doses of Polio Vaccine	91.7	100.0	96.3
13 to 15 years of age	18.2	13.3	15.4	One dose of MMR	91.7	100.0	96.4
16 to 17 years of age	18.2	13.3	15.4	(If Not Complete vaccinations)			
<b><u>Uses a car seat for children &lt; 5 (%)</u></b>	<b>18</b>	<b>14</b>	<b>32</b>	<b><u>Primary reason why child did not receive immunizations (%)</u></b>	<b>1</b>	<b>1</b>	<b>2</b>
Always	61.1	85.7	71.9	Too expensive	0.0	100.0	50.0
Nearly always	22.2	0.0	12.5	Vaccination service not available	100.0	0.0	50.0
Sometimes	5.6	14.3	9.4	Don't know/Not sure	0.0	0.0	0.0
Seldom	11.1	0.0	6.3	Other	0.0	0.0	0.0
Never	0.0	0.0	0.0	Refused	0.0	0.0	0.0
<b><u>Smokes at home or car when children are present (%)</u></b>	<b>33</b>	<b>45</b>	<b>78</b>	No reason	0.0	0.0	0.0
Yes	21.2	11.1	15.4				
Yes, but not around the children	6.1	4.4	5.1				
No	72.7	82.2	78.2				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

#### **4) Asthma, Dental Care, & Lead Poisoning**

- o 10.3% of respondents with children under 18 years of age reported having a child with asthma.
- o A routine dental exam at least once per year for the household children was reported by 67.9% of the respondents.
- o 67.9% of the survey respondents stated that their children had been treated for lead poisoning.

#### **5) Vaccinations**

Vaccinations are important for the prevention of a series of life threatening or disabling infections, particularly among younger children. The survey findings related to the vaccination status of children two years of age or older are as follows:

- o Almost all survey respondents with children (98.2%) reported that their children had received the recommended four Diphtheria-Tetanus-Pertussis (DTP) doses.

- o 96.3% of the respondents with children stated that their children had received three doses of polio vaccine.
- o 96.4% reported that their children had received one dose of Measles-Mumps-Rubella (MMR) vaccine.
- o For the few respondents with children who did not receive vaccinations ( $n=2$ ), cost and lack of availability were barriers cited.

## F. BEHAVIORAL RISK FACTORS FOR CHRONIC DISEASE

This section summarizes data on risk factors that are major preventable contributors to chronic diseases and their complications.

**Table 3.7: Platte County Use of Tobacco & Alcohol Consumption 2003**

	55 Male	66 Female	121 Total		Male	Female	Total
<b><u>Uses tobacco products</u></b>							
Yes	45.4	15.2	28.9	(If Consumes Alcohol = Yes)			
No	54.6	84.8	71.1	<b><u>Mean number of drinking days per week</u></b>	<u>22</u>	<u>12</u>	<u>34</u>
					3.2	2.0	2.8
<b><u>Frequency of smoking</u></b>				<b><u>Mean age started drinking once per week</u></b>	<u>20</u>	<u>9</u>	<u>29</u>
Every day	30.9	9.1	19.0		15.4	16.6	15.7
Some days	14.5	6.1	9.9	<b><u>On a drinking day, mean number of drinks</u></b>	<u>20</u>	<u>9</u>	<u>29</u>
Not at all	54.5	84.8	71.0		7.6	3.6	6.3
(If Frequency of Smoking = Every day)				<b><u>Mean number of days when had 5+ drinks</u></b>	<u>20</u>	<u>9</u>	<u>29</u>
<b><u>Mean number of cigarettes smoked per day</u></b>	<u>15</u>	<u>6</u>	<u>21</u>		6.3	1.7	4.9
	8.3	10.5	8.9	<b><u>Mean number of days when drove after having 5+ drinks</u></b>	<u>20</u>	<u>9</u>	<u>29</u>
	<u>17</u>	<u>6</u>	<u>23</u>		5.7	0.4	4.1
<b><u>Mean age started smoking daily</u></b>	15.5	17.7	16.1	<b><u>Tobacco and Alcohol consumption</u></b>	<u>53</u>	<u>59</u>	<u>112</u>
	<u>12</u>	<u>3</u>	<u>15</u>	<i>Mutually exclusive groups</i>			
<b><u>Tried to quit smoking</u></b>	48.0	30.0	42.9	Both alcohol and tobacco	45.3	16.9	30.4
(For 1 day or longer in the past 2 months)				Alcohol Only	35.8	59.3	48.2
<b><u>Consumes alcohol</u></b>	<u>55</u>	<u>66</u>	<u>121</u>	Tobacco Only	1.9	0.0	0.9
Yes	40.0	18.2	28.1	Neither	17.0	23.7	20.5
Yes, but not regularly	38.2	50.0	44.6				
Not at all	18.2	22.7	20.7				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

### 1) Tobacco Use

Tobacco smoking is a major preventable risk factor for cancer, heart disease, lung disease, and circulatory complications.

- o 28.9% of the respondents reported that they used tobacco products. This percentage was higher among men (45.4%) than women (15.2%).
- o 19% said that they smoked "every day" and 9.9% said they smoked "some days."
- o A greater percentage of women than men reported no smoking behavior (84.8% and 54.5% respectively).
- o The daily smokers smoked 8.9 cigarettes on average per day. Female smokers reported a higher average number of cigarettes per day than men (10.5 and 8.3 respectively).
- o The average age of initiation of smoking reported by daily smokers was 16.1 years.
- o Close to half of daily smokers (42.9%) had tried to quit during the past twelve months for one day or longer.

## 2) Alcohol Consumption

Excessive and/or inappropriate alcohol consumption may lead to short term behavioral problems such as alcohol-related motor vehicle crash injuries, interpersonal violence, alcohol poisoning, and alcohol addiction; with many economic, family, and social consequences. In the long term, it leads to cirrhosis of the liver, heart damage, and dementia. The findings from the Platte County MBRFSS indicate the following:

- o 28.1% of the respondents reported regular alcohol consumption. The percentage was considerably higher for men (40%) than women (18.2%).
- o Among respondents who reported alcohol consumption, the mean number of drinks on a drinking day was 6.3. The average number of drinks taken by men was higher (7.6) than women (3.6).
- o Respondents were, on average, 15.7 years old when they began having a drink at least once per week.
- o During the previous year, respondents reported driving on 4.9 occasions after having consumed at least five drinks.

## 3) Exercise

Exercise is defined as any physical activity (any movement that burns calories) that follows a planned schedule and format. It must be intentional and regular. Standards now call for at least 150 minutes per week of exercise (30 minutes per day). The survey respondents were asked whether during the past month, they participated in any physical activities like running, calisthenics, golf, gardening, sports, dancing, or walking for exercise. The results were as follows:

- o 58.7% of the respondents said that they participated in physical activity, and 41.3% were inactive. A larger proportion of men (61.8%) than women (56.1%) were active.

- o Those who reported physical activity can be subdivided into two groups: those who exercised on a weekly basis (54.5%), and those who exercised on a monthly basis (4.1%).
- o A greater percentage of men (58.2%) than women (51.5%) engaged in weekly physical activity.
- o For those who exercised on a weekly basis, the mean number of times they exercised in the past month was 3.6 times, and each exercise session lasted an average of 97.2 minutes.
- o For those who exercised on a monthly basis, the mean number of times they exercised in the past month was 4.4 times, and each exercise session lasted an average of 130 minutes.

**Table 3.8: Platte County Risk Factors: Exercise, Obesity, & Seatbelt Use, 2003**

	55 Male	66 Female	121 Total					Male	Female	Total
<u>Any physical activity in the past month (%)</u>				<b>Obesity</b>						
Yes	61.8	56.1	58.7	<u>Body Mass Index (BMI)</u>				<u>48</u>	<u>54</u>	<u>102</u>
No	38.2	43.9	41.3	<u>Mean BMI</u>				26.9	27.9	27.4
<u>Frequency of any physical/past month (%)</u>				<u>Categorized BMI (%)</u>						
Weekly	58.2	51.5	54.5	Underweight	< 18.5 Kg/m <sup>2</sup>		0.0	0.0	0.0	
Monthly	3.6	4.5	4.1	Normal weight	18.5 - 24.9 Kg/m <sup>2</sup>		22.9	37.0	30.4	
No Activity	38.2	43.9	41.3	Overweight	25 - 29.9 Kg/m <sup>2</sup>		68.8	31.5	49.0	
(If Physical Activity = Yes)	<u>34</u>	<u>37</u>	<u>71</u>	Obesity (Class 1)	30 - 34.9 Kg/m <sup>2</sup>		8.3	18.5	13.7	
<u>Mean # times activity was performed in the last month</u>				Obesity (Class 2)	35 - 39.9 Kg/m <sup>2</sup>		0.0	5.6	2.9	
	<u>32</u>	<u>34</u>	<u>66</u>	Extreme Obesity (Class 3)	≥ 40 Kg/m <sup>2</sup>		0.0	7.1	3.9	
(If Frequency = Weekly)	3.0	3.6	3.6	<b>Seatbelt Use</b>						
	<u>2</u>	<u>3</u>	<u>5</u>	<u>How often do you use seatbelts (%)</u>				<u>55</u>	<u>66</u>	<u>121</u>
(If Frequency = Monthly)	6.0	3.3	4.4	(Only for those who drive or ride in a car)						
<u>Mean # minutes per exercise session</u>				Always			43.6	40.9	42.1	
	<u>31</u>	<u>33</u>	<u>64</u>	Nearly always			23.6	27.3	25.6	
(If Frequency = Weekly)	92.2	101.9	97.2	Sometimes			18.2	21.2	19.8	
	<u>1</u>	<u>2</u>	<u>3</u>	Seldom			7.3	1.5	4.1	
(If Frequency = Monthly)	180.0	105.0	130.0	Never			5.5	9.1	7.4	

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

#### 4) Obesity

Obesity is a major risk factor for chronic diseases such as heart disease, stroke, and diabetes, among others. In the survey, respondents were asked to report their weight and height. As a result, a Body Mass Index (BMI) was estimated (weight in kilo/height in meters<sup>2</sup>).

- o The mean Body Mass Index (BMI) for total survey respondents was 27.4. A mean score of 27.9 for women indicates that they were slightly more overweight than men (26.9).
- o Based on the BMI, 30.4% of the respondents had a “normal” weight.
- o Almost half of the survey population (49%) were overweight. A larger percentage of men than women were found to be overweight (68.8% and 31.5% respectively).
- o 20.5% of the total respondents were obese, including 31.2% of women and 8.3% of men.

## 5) Seatbelt Use

- o 42.1% of the respondents said they "always" wore seatbelts when driving or riding in a car or vehicle.
- o 56.9% of the respondents did not “always” use their seatbelt.

**Table 3.9: Platte County HIV/AIDS Knowledge, 2003**

	<u>55</u>	<u>66</u>	<u>121</u>				
	Male	Female	Total		Male	Female	Total
<u>% Who thinks the HIV is the same as AIDS</u>	50.9	72.7	62.8	<b>Kissing a person with AIDS (on the lips) (%)</b>	<u>55</u>	<u>66</u>	<u>121</u>
<u>% Who are not familiar with HIV/AIDS</u>	9.1	4.5	6.6	(Correct Answer) Yes	21.8	9.1	14.9
<b>Knowledge of High Risk categories for contracting HIV/AIDS</b>				(Correct Answer) No	67.3	66.7	66.9
<b>Pregnant woman with HIV can transmit the virus to unborn baby (%)</b>				Don't Know/ Not sure	5.5	18.2	12.4
(Correct Answer) Yes	78.2	83.3	81.0	Refused	0.0	0.0	0.0
No	9.1	6.1	7.4	<b>Mosquito bites (%)</b>			
Don't Know/ Not Sure	12.7	7.6	9.9	(Correct Answer) Yes	23.6	19.7	21.5
Refused	0.0	3.0	1.7	(Correct Answer) No	61.8	56.1	58.7
<b>Sharing needles through intravenous drug use (%)</b>				Don't Know/ Not sure	10.9	18.2	14.9
(Correct Answer) Yes	96.4	95.5	95.9	Refused	0.0	0.0	0.0
No	1.8	0.0	0.8	<b>Using the same toilet as a person with AIDS (%)</b>			
Don't Know/ Not sure	0.0	1.5	0.8	(Correct Answer) Yes	16.4	9.1	12.4
Refused	0.0	0.0	0.0	(Correct Answer) No	69.1	68.2	68.6
<b>Sexually active with more than one partner and not using condom (%)</b>				Don't Know/ Not sure	5.5	16.7	11.6
(Correct Answer) Yes	94.5	95.5	95.0	Refused	0.0	0.0	0.0
No	0.0	1.5	0.8	<b>Categorized knowledge about HIV/AIDS transmission</b>			
Don't Know/ Not sure	3.6	0.0	1.7	Low knowledge	32.7	39.4	36.4
Refused	0.0	0.0	0.0	High knowledge	67.5	60.6	62.8

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

## 6) HIV/AIDS Knowledge

Knowledge about HIV infection is the first step to protecting oneself from acquiring HIV/AIDS, a condition that represents a leading cause of death for ethnic minorities.

- o 62.8% of the respondents believed that HIV was the same as AIDS. This was true for a larger percentage of women (72.7%) than men (50.9%).

- o 6.6% reported not being familiar with HIV/AIDS. A greater proportion of men (9.1%) were unfamiliar with HIV/AIDS than women (4.5%).
- o 81% of the respondents knew that a pregnant woman with HIV could transmit this virus to her unborn baby. 83.3% of women knew of this mode of transmission, as did 78.2% of men.
- o 95.9% knew that sharing needles through intravenous drug use poses a high risk for contracting HIV.
- o 95% believed that being sexually active with more than one partner and not using a condom poses a high risk.
- o 14.9% believed that kissing a person with AIDS on the lips poses a high risk. A larger percentage of men than women agreed with this statement (21.8% as opposed to 9.1%).
- o 21.5% believed that mosquito bites put them at risk for contracting HIV. 14.9% of the respondents did not know or were not sure.
- o When combined into an index of knowledge, 36.4% of the respondents were categorized as having low knowledge of HIV/AIDS transmission.

## G. ACCESS & USE OF HEALTH SERVICES

This section reports on the access and use of health services including health insurance coverage, medical care insecurity (lack of insurance), the extent of medical insurance coverage, and whether respondents have a regular source of health care. Help-seeking behaviors and barriers to health care area also examined.

### 1) Health Insurance

Lack of health insurance is a major financial barrier to health care. Health insurance coverage is related to a number of factors including respondents' employment status and immigration status. Lack of health insurance results in higher out-of-pocket costs, and lower use of health services for prevention or for an episode of illness.

- o 37.2% of the respondents did not have a health insurance, including a larger proportion of women (40.9%) than men (32.7%).
- o The majority of those who reported having health insurance obtained it through their place of employment (73.7%) or through someone else's employer's health plan (13.2%).
- o 8.1% of men and no women belonged to Medicaid.

**Table 3.10: Platte County Health Care Coverage & Access to Health Care, 2003**

	<u>55</u> Male	<u>66</u> Female	<u>121</u> Total		Male	Female	Total
<b><u>Has Health Insurance (%)</u></b>				<b><u>Hospital bills, Health Plan Covers (%)</u></b>	<b><u>55</u></b>	<b><u>66</u></b>	<b><u>121</u></b>
Yes	67.3	59.1	62.8	100 % (All)	8.1	10.3	9.2
No	32.7	40.9	37.2	50% to 99%	83.3	82.1	82.9
				1% to 49%	2.7	7.7	5.3
(If Yes)				0%	5.4	0.0	2.6
<b><u>Type of Health Insurance (%)</u></b>	<b><u>37</u></b>	<b><u>39</u></b>	<b><u>76</u></b>	Do not know/Not sure	0.0	0.0	0.0
Your employer	75.6	71.8	73.7				
Someone else's employer	5.4	20.5	13.2	<b><u>Doctor's Office, Health Plan Covers (%)</u></b>	<b><u>55</u></b>	<b><u>66</u></b>	<b><u>121</u></b>
Indian/Alaska Native health service	0.0	0.0	0.0	100 % (All)	5.4	7.7	6.6
Medicare	2.7	2.6	2.6	50% to 99%	83.8	71.8	77.6
Medicaid or Medical Assistance	8.1	0.0	3.9	1% to 49%	5.4	12.8	9.2
A plan that you or someone else buys for you	2.7	2.6	2.6	0%	0.0	2.6	1.3
The military, CHAMPUS, Tricare or the VA	0.0	0.0	0.0	Do not know/Not sure	5.4	0.0	2.6
(If No)				<b><u>In last year, could not see a doctor</u></b>			
<b><u>Reason without Health Insurance (%)</u></b>	<b><u>18</u></b>	<b><u>25</u></b>	<b><u>43</u></b>	<b><u>when needed due to costs (%)</u></b>			
Lost job or changed employer	55.6	20.0	34.9		<b><u>37</u></b>	<b><u>39</u></b>	<b><u>76</u></b>
Employer doesn't offer/stopped offering coverage	5.6	24.0	16.7	Has Health Insurance	8.1	28.2	18.4
Became divorced or separated	0.0	8.0	4.7		<b><u>18</u></b>	<b><u>25</u></b>	<b><u>43</u></b>
Couldn't afford to pay the premiums	0.0	4.0	2.3	No Health Insurance	38.9	44.0	41.9
Lost Medicaid/Medical Assistance Ability eligibility	5.6	0.0	2.3				
Cut back to part time/or became temp employee	5.6	8.0	7.0	<b><u>Saw a Doctor in town, when needed (%)</u></b>			
Became ineligible because of age/left school	0.0	0.0	0.0		<b><u>37</u></b>	<b><u>39</u></b>	<b><u>76</u></b>
Spouse or parent lost job/changed employers	5.6	4.0	4.7	Has Health Insurance	81.1	87.2	84.2
Other	5.6	8.0	7.0		<b><u>18</u></b>	<b><u>25</u></b>	<b><u>43</u></b>
				No Health Insurance	77.8	92.0	86.0
				<b><u>Has a particular Medical Doctor or</u></b>			
				<b><u>regular source of care (%)</u></b>	<b><u>55</u></b>	<b><u>62</u></b>	<b><u>117</u></b>
				Yes	65.5	64.5	65.0
				No	34.5	35.5	35.0

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

## 2) Medical Care Coverage of Services

- o For 82.9% of the insured, their private health care plan covered 50%-99% of hospital expenses.
- o 9.2% of the of the respondents who had medical insurance had full coverage.
- o 34.9% of respondents attributed the lack of any health insurance to losing their job or to changes in employment. Others did not have health insurance because their place of employment did not offer a plan (16.7%).



### 3) Regular Source of Health Care

- o Of the respondents with health insurance, 18.4% said that there was a time within the previous 12 months when they needed to see a doctor, but could not see one because of the cost.
- o 65% of the respondents reported a regular source of medical care or particular medical doctor.
- o When respondents visited a medical doctor, 75.7% went to the doctor's office, and 16.2% went to the health department or community clinic.
- o 2.7% reported going to or depending on hospital emergency rooms.

### 4) Race/Ethnicity as a Health Care Barrier

Respondents were asked specifically if they believe race or ethnicity is a barrier to receiving health services in their community. Findings indicate that:

- o 24% of the survey population “strongly agreed” that race or ethnicity was a barrier to receiving health services in their community, and 4.1% “strongly disagreed” with that statement.

### 5) Obstacles to Obtaining Health Care

Respondents considered the following factors significant problems to obtaining health care:

- o Long wait time at the doctor's office, 55.4%.
- o Provider does not speak their language, 54.3%.
- o Office hours are inconvenient, 53.3%.
- o It costs too much/can't afford it, 48.9%.
- o Treated differently because of race, 44.6%.
- o Takes too long to get an appointment, 39.1%.
- o Don't have transportation, 38%.
- o Providers do not understand cultural practices, 37%.

For working Latinos, such as those in this sample, the wait times and inconvenient hours were clearly their major concerns. Language barriers are a major concern in this group, given that 72% spoke primarily Spanish in their survey interview. In addition, a much larger percentage felt that their race/ethnicity was an obstacle to obtaining care. Costs, particularly out-of-pocket expenses, were viewed as a critical barrier for the uninsured and underinsured.

### 6) Help Seeking Behaviors

The survey asked respondents to report places and persons from whom they had sought help for their medical problems during the last twelve months. 66.9% of the respondents reported being sick or ill during the twelve months previous to being interviewed. Those who had been sick utilized the following resources.

- o 86.4% visited a medical doctor.
- o 19.8% sought the help of a family member, friend, or neighbor.
- o 18.5% went each to a hospital emergency room, a chiropractor, or a nurse or nurse practitioner.
- o 14.8% have sought help from a church or temple.
- o 14.8% went to a folk healer, *curandero*, or medicine man; and 8.6% visited a psychic or spiritual healer.
- o 11.1% sought help from a pharmacist.

**Table 3.11: Platte County Barriers to Health Care, 2003**

	55	66	121		Male	Female	Total
	Male	Female	Total		Male	Female	Total
<b>Source of regular Care (%)</b>	<b>55</b>	<b>66</b>	<b>121</b>	<b>(If Has been sick/ill in the past 12 months = Yes)</b>			
Doctor's Office	84.3	68.3	75.7	<b>Source of care (%)</b>	<b>35</b>	<b>46</b>	<b>81</b>
Hospital Emergency room	0.0	5.0	2.7	<b>(Multiple Response)</b>			
Health Department or community clinic	5.9	25.0	16.2	Folk Healer/Medicine Man	14.3	15.2	14.8
Indian Health Service	0.0	0.0	0.0	Psychic/Spiritualist	8.6	8.7	8.6
Company Clinic	5.9	0.0	2.7	Medical Doctor	91.4	82.6	86.4
Have not been to a doctor	0.0	0.0	0.0	Chiropractor	25.7	13.0	18.5
Other	0.0	0.0	0.0	Pharmacist (non prescription)	17.1	6.5	11.1
				Hospital Emergency Room	17.1	19.6	18.5
<b>Believe race or ethnicity is a barrier to receiving health services in your community (%)</b>	<b>55</b>	<b>66</b>	<b>121</b>	Counselor	5.7	8.7	7.4
Strongly agree	29.1	19.7	24.0	Family/Friend/Neighbor	17.1	21.7	19.8
Agree	50.9	39.4	44.6	Nurse/Nurse Practitioner	17.1	19.6	18.5
Disagree	12.7	24.2	19.0	Church or Temple	8.6	19.6	14.8
Strongly Disagree	3.6	4.5	4.1	Community Center	5.7	19.6	13.6
Don't know/Not sure	1.8	9.1	5.8				
<b>Problems getting Health Care (%)</b>	<b>40</b>	<b>52</b>	<b>92</b>	<b>Which one do you typically go first (%)</b>	<b>33</b>	<b>44</b>	<b>77</b>
<b>(Multiple Response)</b>				<b>(Unit Selection)</b>			
It costs too much / can't afford it	47.5	50.0	48.9	Folk Healer/Medicine Man	0.0	2.3	1.3
Don't trust or like doctors	27.5	25.0	26.1	Psychic/Spiritualist	3.0	4.5	3.9
Provider does not speak your language	67.5	44.2	54.3	Medical Doctor	84.8	59.1	70.1
Treated differently because of your race	45.0	44.2	44.6	Chiropractor	0.0	0.0	0.0
Don't know where to go for help	22.5	25.0	23.9	Pharmacist (non prescription)	3.0	2.3	2.6
Don't have transportation	50.0	28.8	38.0	Hospital Emergency Room	3.0	4.5	3.9
Office hours are inconvenient	57.5	50.0	53.3	Counselor	0.0	2.3	1.3
Long wait time at Doctor's office	57.5	53.8	55.4	Family/Friend/Neighbor	3.0	9.1	6.5
Provider doesn't understand your cultural practices	45.0	30.8	37.0	Nurse/Nurse Practitioner	0.0	4.5	2.6
Takes too long to get appointment	45.0	38.5	39.1	Church or Temple	0.0	4.5	2.6
				Community Center	3.0	6.8	5.2
<b>Has been sick or ill during the past 12 months (%)</b>	<b>55</b>	<b>66</b>	<b>121</b>	Other	0.0	0.0	0.0
Yes	63.6	69.7	66.9	No Answer	0.0	0.0	0.0
No	36.4	30.3	33.1				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

## H. COMMUNITY PROBLEMS

Respondents were asked to rate 10 issues based on their level of importance in their community using a scale of one to five where one is not important and five is critical. The following issues were rated critical.

- o Rank 1: Employment, 52.1%.
- o Rank 2: Transportation, 50.4%.
- o Rank 3: At risk youth, 47%.

- o Rank 4: Discrimination, 44.9%.
- o Rank 5: Minority representation in government, 41.7%.
- o Rank 6: Education, 37%.
- o Rank 7: Housing, 37%.
- o Rank 8: Health (including environmental health), 36.4%.
- o Rank 9: Crime and violence, 32.2%.
- o Rank 10: Social and recreational activities, 29.7%.

**Table 3.12: Platte County Community Problems, 2003**

	<u>55</u> Male	<u>66</u> Female	<u>121</u> Total		<u>55</u> Male	<u>66</u> Female	<u>121</u> Total
<b>Perceived Degree of Concern</b>							
<b>Housing (%)</b>				<b>Employment (%)</b>			
Not Important	13.0	12.3	12.6	Not Important	7.4	6.2	6.7
Important	46.3	49.2	47.9	Important	38.9	41.5	40.3
Critical/Very Important	40.7	33.8	37.0	Critical/Very Important	53.7	50.8	52.1
Don't know/Refused	0.0	4.6	2.5	Don't know/Refused	0.0	1.5	0.8
<b>Health (including environment health) (%)</b>				<b>Crime/Violence (%)</b>			
Not Important	13.0	3.1	7.6	Not Important	7.4	17.2	12.7
Important	42.6	59.4	51.7	Important	57.4	48.4	52.5
Critical/Very Important	40.7	32.8	36.4	Critical/Very Important	35.2	29.7	32.2
Don't know/Refused	3.7	4.7	4.2	Don't know/Refused	0.0	4.7	2.5
<b>Social/recreational activities (%)</b>				<b>Minority representation in government (%)</b>			
Not Important	18.5	14.1	16.1	Not Important	22.2	16.4	19.1
Important	51.9	53.1	52.5	Important	40.7	31.1	35.7
Critical/Very Important	27.8	31.3	29.7	Critical/Very Important	35.2	47.5	41.7
Don't know/Refused	1.9	1.6	1.7	Don't know/Refused	1.9	4.9	3.5
<b>Education (%)</b>				<b>Transportation (%)</b>			
Not Important	16.4	9.4	12.6	Not Important	13.0	7.7	10.1
Important	47.3	51.6	49.6	Important	37.0	41.5	39.5
Critical/Very Important	36.4	37.5	37.0	Critical/Very Important	50.0	50.8	50.4
Don't know/Refused	0.0	1.6	0.8	Don't know/Refused	0.0	0.0	0.0
<b>Discrimination (%)</b>				<b>At risk youth (%)</b>			
Not Important	3.8	12.3	8.5	Not Important	3.8	6.3	5.1
Important	47.2	44.6	45.8	Important	47.2	43.8	45.3
Critical/Very Important	49.1	41.5	44.9	Critical/Very Important	47.2	46.9	47.0
Don't know/Refused	0.0	1.5	0.8	Don't know/Refused	1.9	3.1	2.6

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

**Table 3.13: Platte County Community & Workplace Concerns, 2003**

	<u>55</u> Male	<u>66</u> Female	<u>121</u> Total		Male	Female	Total
<b>Workplace</b>				<b>Type of work where these</b>			
	<u>37</u>	<u>40</u>	<u>77</u>	<b>experiences occurred (%)</b>	<u>37</u>	<u>40</u>	<u>77</u>
<b>People who ever worked in Nebraska (%)</b>	67.3	60.6	63.6	<i>(Multiple Responses Allowed)</i>			
				Professional	5.4	12.5	9.1
<b>Ever experienced the following concerns</b>				Construction	13.5	0.0	6.5
<b>in the workplace (%)</b>	<u>32</u>	<u>34</u>	<u>66</u>	Meatpacking	51.4	50.0	50.6
<i>(Multiple Responses Allowed)</i>				Factory (other than meatpacking)	13.5	27.5	20.8
Inadequate bathroom/water breaks	59.4	55.9	57.6	Field work (agriculture)	2.7	0.0	1.3
No easy access to drinking water	59.4	44.1	51.5	Other	18.9	15.0	16.9
Poor air quality	53.1	44.1	48.5				
Inadequate equipment available	25.0	41.2	33.3	<b>Preferred language to communicate in</b>			
Inadequate medical attention if injured	25.0	47.1	36.4	<b>when discussing issues of:</b>	<u>55</u>	<u>66</u>	<u>121</u>
Physical abuse	28.1	38.2	33.3				
Inadequate training/supervisors	46.9	76.5	62.1	<b>School (%)</b>			
Verbal abuse	37.5	38.2	37.9	English	12.7	12.1	12.4
Asked to take unnecessary risks	25.0	38.2	31.8	Spanish	78.2	81.8	80.2
Have been cheated in pay	25.0	29.4	27.3	Spanish/English	7.3	6.1	6.6
Other	3.1	8.8	6.1				
				<b>Work (%)</b>			
				English	14.5	13.6	14.0
				Spanish	76.4	77.3	76.9
				Spanish/English	7.3	9.1	8.3

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

## I. WORKPLACE HEALTH CONCERNS/HUMAN RIGHTS

Work can affect an individual's physical and mental health. Respondents were asked to answer two questions related to health issues at work. They were first asked whether they had ever experienced poor working conditions in Nebraska. The second question asked them to identify the type of work they were doing when they experienced poor working conditions. Their responses were ranked based on frequency. The following are issues mentioned, ranked according to importance.

- o Rank 1: Inadequate training or poor supervision, 62.1%.
- o Rank 2: Inadequate bathroom/water breaks, 57.6%
- o Rank 3: No easy access to drinking water, 51.5%.
- o Rank 4: Poor air quality, 48.5%.
- o Rank 5: Verbal abuse, 37.9%.
- o Rank 6: Inadequate medical attention if injured, 36.4%.

- o Rank 7: Physical abuse, 33.3%.
- o Rank 8: Inadequate equipment available 33.3%.
- o Rank 9: Asked to take unnecessary risks, 31.8%.
- o Rank 10: Have been cheated in pay, 27.3%.

These experiences occurred to respondents while working meatpacking plants (50.6%), factories unrelated to meatpacking (20.8%), other occupations (16.9%), and professional (9.1%).

## J. CHAPTER SUMMARY

This chapter summarized findings based on the Platte County MBRFSS. Specifically, this chapter includes findings about selected characteristics of the sample population, their health status, use of preventive health services, and barriers to accessing the health and medical care system. Finally, the chapter summarized the findings about respondents' concerns regarding community issues and work environment.

**Table 3.14: Platte County Immigrant Respondents, Current US Job, & Previous Type of Work in Country of Origin, 2003**

	<u>55</u> Male	<u>66</u> Female	<u>121</u> Total
<b><u>Born in the USA</u></b>			
Yes	78.4	87.8	83.0
No	21.6	12.2	17.0
No Answer	0.0	0.0	0.0
<b><u>Current Type of Work in USA</u></b>			
Professional	3.6	7.6	5.8
Construction	9.1	0.0	4.1
Meatpacking	34.5	30.3	32.2
Factory (other than meatpacking)	9.1	16.7	13.2
Field work (agriculture)	1.8	0.0	0.8
Other	12.7	9.1	10.7
<b><u>Previous Type of Work in Country of Origin</u></b>			
Professional	5.4	12.5	9.1
Construction	13.5	0.0	6.5
Meatpacking	51.4	50.0	50.6
Factory (other than meatpacking)	13.5	27.5	20.8
Field work	2.7	0.0	1.3
Other	18.9	15.0	16.9

Job Type	Male (%)	Female (%)
Other	12.7	9.1
Field work (agriculture)	1.8	0.0
Factory (other than meatpacking)	9.1	16.7
Meatpacking	34.5	30.3
Construction	9.1	0.0
Professional	3.6	7.6

Job Type	Male (%)	Female (%)
Other	18.9	15.0
Field work	2.7	0.0
Factory (other than meatpacking)	13.5	27.5
Meatpacking	51.4	50.0
Construction	13.5	0.0
Professional	5.4	12.5

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003  
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

## CHAPTER IV: CONCLUSIONS & RECOMMENDATIONS

- o In 2003, the health of the racial and ethnic minority populations in Platte County varied by gender and by specific health risk factors and/or health conditions.
- o Due to the young age of the minority population in Platte County, the prevalence of certain health conditions was relatively low. Respondents' self-perceived health status of "very good" or "good" reinforces this statement.

### AREAS OF DISPARITY

#### Health Promotion, Health Conditions, & the Use of Health Services

- o Due to financial, linguistic, cultural, and institutional barriers; respondents in the survey generally were not accessing the health care system for the use of preventive services (e.g., physical exam, dental and eye care, etc.) or for the treatment of illnesses or chronic conditions to the degree they should, compared to other groups (CDC, 2003).
- o About 9% of the population had diabetes. Close to half of the persons who were diagnosed with diabetes (45%) were not controlling it. This behavior has serious consequences for the individual and the community. Moreover, gender differences exist, as more women than men indicated they did not control their diabetes (53.3% as opposed to 20% respectively).

#### Risk Factors for the Development of Health Conditions

- o Obesity. Data indicate that there may have been a large proportion of the Hispanic population in Platte County in need of weight management programs. 69.6% of the survey respondents were overweight or obese.
- o Physical Activity. Overweight and obesity are associated with the limited physical activity reported by the population. Furthermore, recreational and social activities that may promote physical activity received in the study the lowest ranking among community concerns.
- o Seatbelt use. The findings indicate that more than half of the respondents were not "always" using seatbelts while driving.
- o Basic knowledge of HIV transmission. HIV/AIDS information was relatively high, but many persons still had misconceptions on modes of transmission such as mosquito bites.

## Access to Health Care

The percentage of people without insurance in this population (37.2%) was higher than the 35% nationwide rate for Hispanics/Latinos. This represents a serious financial barrier to accessing health services. The lack of health insurance was due to a number of factors including employment status, recent unemployment episodes, and the inability of spouses to add coverage for their family members. Secondly, compared to other areas, a significant number did not have a regular health care provider or a regular source of health care. Fortunately, rates of emergency room use for primary or urgent care were low due to the youth of the population and the relatively low prevalence of chronic conditions.

## RECOMMENDATIONS

- o To reduce health disparities, it is important to improve the general levels of education and income, ensure a better distribution of resources and services, and develop mechanisms for preventive care, particularly for young and middle age adults. For this to happen, public and private sector representatives of health and human service agencies must work closely with other key organizations such as the departments of education, housing, economic development, and the environment. These partners are in a position to develop a comprehensive approach to eliminate health disparities and improve the general well-being and quality of life for all in Nebraska.
- o Mass screening programs for the early detection of health problems including diabetes, hypertension, high cholesterol, and other health conditions are needed. More outreach efforts using trained community health workers are needed to address the high percentage of the population reporting that they had not been screened for these conditions for many years. Screening activities must be linked to follow up services.
- o There is a need to develop partnerships with community based health and human service organizations; which include faith communities, labor unions, and businesses. These partnerships need to implement wellness programs that stress personal responsibility in changing lifestyle practices, in addition to developing a comprehensive approach to produce system changes. NHHSS needs to obtain the cooperation of institutions and organizations including the business sector to work in a coordinated effort to produce the necessary changes that impact community norms and values regarding healthy eating, physical activity, and other health-related behaviors. Programs also have to be family oriented, with active participation of community residents, and with appropriate language and culturally appropriate educational materials.

- o There is a need to reinforce preventive measures that discourage the use of alcohol and tobacco. In Platte County, alcohol and tobacco use tends to begin in late adolescence. There is a need to expand current efforts with more financial resources that include massive campaigns with ethnic media to prevent the initiation and encourage the cessation of tobacco and alcohol use and abuse among young people. This effort must be combined with law enforcement activities to eliminate the selling of alcohol and tobacco to minors.
- o Efforts are needed to increase community knowledge and awareness about the importance of using car seatbelts for respondents and their families, and to adhere to laws concerning child safety seats for children under five years of age. Multilingual, low literacy approaches integrating workplace, community, home, and transportation would be appropriate. Part of this campaign should be to educate the community about issues of drinking and driving.
- o The Nebraska Health and Human Services System needs to work closely with other government agencies (e.g., environmental health, civil rights, and others) and the business sector regarding the safety issues reported in the workplace.



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# NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



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